

Vermont State Hospital Policy & Procedure	Page 1 of 14	New <input type="checkbox"/> Updated <input type="checkbox"/> Revision <input checked="" type="checkbox"/> Replaces: Imposition of Restrictions Policy Date: 5/10/04	Effective date:
Title: Levels of Autonomy and Supervision Policy			
Advanced by: VSH Policy Committee		Date: December 11, 2006	
Approved by: VSH Governing Body		Date: December 20, 2006	

Policy Statement:

Every patient has the right to treatment in a safe environment. The hospital and the professional staff have a responsibility and a duty to protect the safety of all patients and others as part of the clinical care offered during hospitalization. Within this environment, every patient has the right to: clinical programming, receive visitors, communicate by sealed mail and by telephone, and to access natural light, fresh air and the outdoors to the extent that health or safety considerations do not make it necessary to place limitations on these rights. These rights are fundamentally important for every patient's well being and dignity, and should be available to all patients as a part of meeting therapeutic needs.

Subject to court ordered restrictions, the patient's treatment team and medical staff shall be responsible for determining patient levels of autonomy and supervision based on the clinical condition of the patient and the need of the hospital to maintain a safe environment. Levels of autonomy and supervision shall not to be used as incentives to behavior modification but shall be related solely to the patient's ability to appropriately handle differing levels of autonomy. It is a goal of recovery to increase a patient's ability to safely handle levels of autonomy in the least restrictive manner, consistent with the hospital's duty to provide a safe environment of care.

18 V.S.A. §§ 7705, 7509, and 7707.
Act 63, §33 (c), 2003 Vt. Acts & Resolves 64 §33(c)
42 CFR §482.13(c)(2)

Purpose:

To provide consistency and uniform practices with respect to maintaining a safe environment of care.

To provide for determinations of levels of patient autonomy and supervision that are based on clinical need and are reflected in the patient's treatment plan.

To provide for limitations on patient activities and access only when they are consistent with medical status (including mental status), level of medical or safety risk, and staff ability to effectively supervise the patient and maintain a safe environment of care.

Definitions:

“Hospital Grounds” – See Attachment A, Map.

“Secure Areas” refers to the locked units, secure yard areas, and Brooks Building activities area.

“Unit” refers to any one of Vermont State Hospital’s three designated patient care areas, i.e., Brooks One, Brooks Two, or Brooks Rehab. The unit includes attached porches.

The six Levels of Autonomy and Supervision are defined as follows:

1. Unsupervised Hospital and Grounds: A patient may leave the unit without staff escort for up to one hour. A patient may not leave the Hospital Grounds.
2. Brief Unsupervised Program: A patient may leave the unit without staff escort for a specified period of time in order to attend an off-unit program.
3. Group Supervised: A patient may leave the unit under staff escort to participate in supervised group activities.
4. Individually Supervised Off Unit: A patient may be escorted by a staff member within Hospital Grounds.
5. Restricted to Secure Areas: A patient may be escorted to the staffed yard or the Brooks Building activities area. A patient may participate in groups and activities in the basement area under direct staff supervision.
6. Restricted to the Unit: A patient may not leave the unit except to attend legal proceedings or medical appointments. Patients restricted to the unit may have access to the porch on a daily basis. *See VSH Transport Policy.*

I. LEVELS OF AUTONOMY AND SUPERVISION DETERMINATIONS

- A.** All patients are restricted to the unit for the first 24 hours following admission for safety observation and until the patient’s treatment team has formulated an initial treatment plan for the patient, which will occur on the next business day.
- B.** The admitting physician will generate a preliminary treatment plan for all patients admitted to VSH. Each patient’s preliminary treatment plan will provide a specific recommendation regarding the patient’s level of autonomy and supervision that will meet the patient’s ability to safely handle levels of autonomy and supervision in the least restrictive manner. The attending physician will be responsible for setting the patient’s level of autonomy and supervision following admission and for reviewing and documenting the level on a daily basis. Level of autonomy and supervision determinations shall in every case be based upon an individualized risk of harm assessment.
- C.** Subject to any court-ordered restrictions on patient level of autonomy and supervision, each patient’s treatment team, in consultation with the patient, will

set an appropriate level of autonomy and supervision for the patient in the initial treatment plan and thereafter at a minimum in weekly updates to the treatment plan. Any change in level of autonomy and supervision must be accompanied by a physician's order.

- D.** When evaluating patients for off-unit activities, RN staff and on-call medical personnel may exercise clinical discretion to restrict a patient's level of autonomy and supervision. If any change in level of autonomy and supervision results, it shall be documented in the patient's medical record. Only the attending physician or designated attending physician may order a reduction in a patient's level of autonomy and supervision.
- E.** Forensic patients shall be assessed for level of autonomy and supervision in the same manner as any other patient, except and to the extent that the patient's access within the hospital is limited by court.

II. LEVELS OF AUTONOMY AND SUPERVISION

A. Level 1: Unsupervised Hospital and Grounds Access

- 1.** A patient may be assigned this level of autonomy and supervision when he or she is assessed as presenting a minimal risk of harm to self or others, with the ability to handle autonomy at the lowest level of supervision..
- 2.** A patient assigned this level may leave the unit unaccompanied by a staff member for up to one hour. The patient may not leave Hospital Grounds.
- 3.** Before a patient leaves the Unit, an RN will conduct a clinical assessment of the patient and verify having done so on the patient's sign-off sheet. Patients must sign in and out, state where they are going, and return at the stated time.
- 4.** Patients shall be on the unit from 4:30 pm to 8:30 am. Unless otherwise arranged, patients are expected to be on the unit in time for meals, medications, and groups.
- 5.** The Attached map of the Waterbury State Office Complex identifies the applicable boundary (BROOKS and all areas in yellow). Patients are prohibited from accessing any tunnels beyond those which connect the Brooks Building with the VSH Canteen.

B. Level 2: Brief Unsupervised Program Access

- 1.** A patient may be assigned this level of autonomy and supervision when he or she is assessed as presenting a low risk of harm to self or others, with the ability to be autonomous at a low level of supervision.
- 2.** A patient assigned this level may leave the unit without a staff member to attend a time-specific, off-unit program with a designated start and end

time. Before the patient leaves the Unit, an RN will check for and document any variance in the patient's clinical status.

3. Patients at this level are designated as either "with call" or "without call." For patients designated "with call," the receiving program provider must telephone unit staff to verify the patient's arrival. The receiving program provider need not verify the arrival of patients designated "without call."
4. The patient may leave the unit 15 minutes prior to the program's designated start time and shall return to the unit within 15 minutes of the program's end.
5. Patients with brief unsupervised program autonomy may access Hospital Grounds when going to or from the program. The attached map of the Waterbury State Office Complex identifies the applicable boundary (BROOKS and all areas in Green).

C. Level 3: Group Supervised

1. A patient may be assigned this level of autonomy and supervision when he or she is assessed as presenting a moderate risk of harm to self or others but with the ability to be autonomous under group supervision
2. Patients assigned this level may attend group activities in the Brooks activities center and on Hospital Grounds, under staff supervision. These patients shall have access to the staffed yard.
3. When escorting patients off the unit, staff shall ensure that the patient to staff ratio does not exceed five patients for every staff member. See *VSH Escorting Patients Policy*.

D. Level 4: Individually Supervised, Off Unit

1. Patients assigned this level of autonomy and supervision have been assessed as presenting a serious risk of harm to self or others, and able to safely handle autonomy only with individual supervision.
2. Patients assigned this level may only leave the unit under the constant supervision of a staff member.
3. Staff escorting patients at this level of autonomy and supervision shall carry two-way radios at all times. With the exception of patient bathroom breaks, staff shall maintain constant visual contact with the patient. If the patient takes a bathroom break, staff shall remain outside the bathroom but shall maintain audible contact with the patient.

E. Level 5: Restricted to Secure Areas

1. Patients assigned this level of autonomy and supervision have been assessed as presenting an extreme risk of harm to self or others such that

the patient is not able to safely handle the autonomy of a less restrictive level of supervision.

2. Patients assigned this level may participate in groups and activities in the activities center of the Brooks Building under constant staff supervision. These patients may also access their unit's staffed yard area.

F. Level 6: Restricted to Unit

1. A patient is assigned this level of autonomy and supervision for the first 24 hours following admission in order to allow for observation and assessment of clinical status.
2. Following the initial 24 hours, a patient is assigned this level of autonomy and supervision when clinical status is rated as presenting an extreme risk of harm to self or others, and due to behavior that is too disruptive for the safety of others or too clinically unstable for safety to self, is unable to maintain safety at any but the most restrictive level of supervision.
3. Patients who are restricted to the unit are not allowed to access off-unit locations, including the basement activities area or staffed yard. The porch is considered part of the unit.
4. The location map for the Waterbury State Office Complex identifies the applicable boundary (BROOKS only).

III. MAIL

Every patient is entitled to "communicate by sealed mail or otherwise with persons, including official agencies, inside or outside the hospital." A patient's right to communication and visitation shall not be restricted unless the VSH Executive Director "determines that it is necessary for the medical welfare or needs of the patient or the hospital to impose restrictions." 18 V.S.A. § 7705.

Notwithstanding any restrictions imposed pursuant to 18 V.S.A. § 7705 on a patient's right of communication, every patient is entitled to communicate by sealed mail with the "board, the Commissioner, his [or her] attorney, his [or her] clergyman and the district judge, if any, who ordered his [or her] hospitalization."

The VSH Executive Director has delegated the authority to impose restrictions on communication and visitation to medical staff, as clinically warranted and in a manner consistent with the purposes of this policy.

A. Sending Mail.

Patients without funds may mail up to seven letters per week at hospital expense.

Every piece of outgoing mail must be properly return-addressed and sealed. Letters without a return address will be returned to the unit for correction. Letters with illegible, illogical, or bizarre addresses will not be considered bona fide mail and shall be returned to the patient.

Sealed letters found in any area other than the patient's room should be mailed. If correspondence is found in an area other than a patient's room and is not in an envelope, it should be returned to the patient.

Writing implements shall be available to patients, with the level of individual supervision necessary at staff discretion based upon safe use. All implements shall be collected after use to maintain a safe environment of care.

If a patient's use of the mail becomes excessive or problematic, the patient's treatment team shall discuss the issue with the patient and set appropriate limits.

If an individual contacts the Hospital to request that he or she not receive correspondence from a particular patient, staff shall document and evaluate that request in the patient's chart.

If the patient's behavior warrants limiting his or her use of the mail, the rationale for imposing such limits shall be documented in the patient's clinical records. Limitations on mail use must be reviewed for continuing necessity by the treatment team on a weekly basis. Where the patient or interested third parties request such a review, the treatment team shall complete it within 72 hours.

B. Receiving Mail.

Staff shall examine and may open all incoming mail in front of the patient to whom it is addressed in order to screen it for dangerous items or valuables that should be stored. Staff shall not read the patient's correspondence or otherwise unnecessarily invade the patient's privacy.

IV. TELEPHONE USE

Patient telephones are available on each unit. Local calls from this telephone are free. Patients are allowed two long distance calls per week at hospital expense. The patient's treatment team may allow the patient to make additional long distance calls without charge where special need exists. Staff will assist patients in making long distance calls.

Patients are permitted to use the telephones between the hours of 7:00 a.m. and 10:00 p.m. Because the patient telephone is shared, calls from this phone may be limited to ten minutes to allow other patients time on the phone.

Patients may refuse to receive a phone call.

If the patient's behavior warrants limiting his or her use of the telephone, the rationale for imposing such limits shall be documented in the patient's clinical records. Limitations on telephone usage must be reviewed for continuing necessity by the treatment team on a weekly

basis. Where the patient or interested third parties request such a review, the treatment team shall complete it within 72 hours. Phone use may be limited or supervised if a patient makes abusive, obscene, threatening, legally prohibited, or grossly frequent or annoying telephone calls.

A patient whose phone access has been restricted will always be allowed to contact their attorneys (including Vermont Protection and Advocacy), clergy, health care agent, guardian, or family members who wish to receive calls.

V. VISITORS

The Vermont State Hospital encourages patients to receive visitors. Except where the patient's treatment team finds visits by a specific individual to be clinically contraindicated, or where an individual visitor fails to abide by the rules set forth in the *VSH Visitors Policy*, patients shall be permitted to receive visits from anyone with whom they wish to meet.

There are four kinds of visits at VSH:

1. **Screened** – a visit that takes place through a barrier window in the interview room located on Brooks 1.
2. **Supervised** – a visit that takes place on the unit, under the visual observation of a staff member. On Brooks 1 and Brooks 2 these visits take place in the interview room or the dining room. On Brooks Rehab, these visits may occur in the dining room.
3. **Unsupervised** – a visit occurring on the unit, without staff in close attendance. On Brooks 1 and Brooks 2 these visits take place in the interview room or the dining room. On Brooks Rehab, these visits may occur in the patient care area.
4. **Off Unit** – a visit taking place on hospital grounds, for up to one hour; applicable only to patients assigned unsupervised hospital and grounds level of autonomy.

Visits may be limited to 30 minutes unless otherwise allowed.

Each patient's treatment team shall determine, in consultation with the patient, whether safety considerations or clinical need warrant supervised or screened visits. The treatment team must document the rationale for this determination in the patient's clinical record. The treatment team shall review any restrictions on a patient's right to receive visitors on a weekly basis. A patient or visitor may request the treatment team reconsider its determination at any time.

As outlined in the VSH Visitors Policy, representatives of Vermont Protection & Advocacy (VP&A) have a right to reasonable unaccompanied access to all VSH patients. All other visitors on B1 and B2 are restricted to the visiting areas. Except for visits by representatives of VP&A, visitors who may have reason to access the main patient care unit (e.g., lawyers, advocates, licensing inspectors, non-VSH clinicians, external maintenance contractors) will be escorted by a unit nurse or designee.

VI. YARD ACCESS

1. All patients may access the yard except for those patients who have been restricted to the unit by their Treatment Team, pursuant to the procedures outlined in this policy. Those patient restricted to the unit will have porch access.
2. The yard will be open to patients for at least thirty minutes per day unless weather conditions create an unreasonable risk to health or safety.
3. Patients must be dressed appropriately for weather conditions and, when necessary, shall be assisted in getting access to necessary clothing.
4. The yard will remain open unless the hospital's ability to maintain safety and security of patients and staff both on the unit and in the yard is adversely affected.
5. The patient to staff ratio will never be greater than five patients to every staff member in the yard.
6. Staff in the yard will at all times maintain radio contact with the unit.
7. A patient who refuses to return to the unit will be restricted to the unit until reevaluated for risk by his or her Treatment Team.
8. During winter months, patients from all units will only use the Brooks One yard, which has been fenced appropriately to protect staff and patients from falling ice.

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